

MONTHLY CERTIFIED INSTALLER CERTIFICATION FORMAT

Department of Housing, Building & Construction

Manufactured Housing Section

101 Sea Hero Road, Suite 100

Frankfort, KY 40601-5405

 Print Name of Certified Installer

 Mailing Address

City

State

Zip Code

County

Phone #

I hereby certify that the used or new units described hereon have been installed and inspected in compliance with the standards as required by 815 KAR 25:030 Section 4

No.	Serial #	Installation Label #	Mfg Date	Make	Installation Date	Consumer(s) Name & Address

This form must be used in reporting units to the filed inspectors and the Manufactured Housing Section. This form shall be mailed to the Office of the State Fire Marshal at the end of each month, no later than the first week of the month.

Signature _____

Date _____